International Eye Foundation

SightReach[SM] Management

Sustainability planning and
Capacity building for
Sustainable eye care services

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Acronyms

BCCEIO	British Columbia Centre for Epidemiologic and International Ophthalmology
BHR/PVC	Bureau for Humanitarian Response/Private and Voluntary Cooperation
CATOPS	Cataract Operations Post-operative Surveillance
CEA	Cost effective analysis
CORE	Cost and Revenue Analysis Tool
DOSA	Discussion-oriented Self Assessment
ECCE	Extra Capsular Cataract Extraction
ERC	Expert Review Committee
IAPB	International Agency for the Prevention of Blindness
INGDO	International Non-governmental Development Organization
IEF	International Eye Foundation
IOL	Intra-ocular Lens
LAICO	Lions Aravind Institute of Community Ophthalmology
LDC	Lesser Developed Countries
LSFEH	Lions SightFirst Eye Hospital
MDA	Management Development Assessment
MG	Matching Grant
MOHP	Ministry of Health and Population
MOST	Management and Organizational Sustainability Tool
NGO	Non-governmental Organization
OT	Operating theatre
PCINGO	Partnership Committee of International Non-governmental Organizations Dedicated to the Prevention of Blindness and Low Vision, Education and Rehabilitation Services for the Blind
QA	Quality Assurance
QAP	Quality Assurance Project
RFP	Request for Proposal
ROP	Retinopathy of Prematurity
SE	Social Enterprise
SR	SightReach[SM]
SRS	SightReach Surgical[SM]
SWOT	Strengths Weaknesses Opportunities Threats
USAID	United States Agency for International Development
WHO	World Health Organization

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Preamble:

This document represents one of two Detailed Implementation Plans (DIP) for Cooperative Agreement No.: FAO-A-00-99-00053-00. This DIP represents *"SightReach[SM] Management: Sustainability planning and capacity building for sustainable eye care services."*

The DIP is structured in such a manner as to separate out the different components, each into a separate document, under IEF's umbrella program *SightReach[SM]*. IEF has also attached for informational purposes its Strategic/Business Plan for the year 2000. The related but distinct components are:

"Seeing 2000" program (part of *SightReach[SM] Prevention*) - assisting NGOs expand pediatric medical and surgical services.

SightReach[SM] Management program - assisting NGOs develop financially sustainable services.

SightReach Surgical[SM] - a social enterprise housed within IEF whose purpose is to strengthen IEF's financial sustainability.

STRATEGIC/BUSINESS PLAN - International Eye Foundation - March 2000

Although these components are related in contributing to the IEF's overall SightReach[SM] program, their purposes are different. Therefore, each is developed separately and submitted as parts of the DIP. For further information see the preceding cover letter.

Section A: Program Design

A.1. Baseline and follow up assessment

The process, methods, and tools for establishing baseline assessments, and monitoring and evaluation has not changed from the proposal. A description of the activities by the partner NGOs and on the IEF levels is provided below.

Partner level –

The focus throughout this DIP is based primarily on the non-governmental organizations (NGO) and eye hospitals selected by IEF and engaged in sustainability planning.

Essentially, there is no single program "baseline" survey or assessment for the DIP due to the manner in which partners are selected. The SightReach[SM] program is based on the "Seeing 2000" program that provides small sub-grants to NGOs supporting programs that target "sight restorative surgery on children .." This program established a formal solicitation process whereby NGOs in least developed countries (LDC) submit proposals based on standard guidelines for review by IEF. Successful proposals are then negotiated with the NGO, and funding is provided for project activities. The role of the IEF headquarters is to monitor the implementation of the NGO projects, provide technical assistance when requested, and develop reporting.

In a similar fashion, SightReach[SM] Management, will utilize a similar selection process to identify its partners. Thus, this "rolling design" approach does not allow identification of all of the NGO partners in advance, thus making it impossible to conduct one overall baseline assessment.

The partner selection process involves soliciting a Letter of Interest from known and unknown partners, selection of partners based on established criteria, direct engagement of partners to conduct a detailed need and feasibility assessment, resulting in development of an Action Plan, and formalization of a Partner Agreement and sub-award. Therefore, each partner selected is envisioned to be a separate project of IEF under SightReach[SM] Management. The selection process and the monitoring and evaluation system is explained further in Sections B and D respectively.

Partner monitoring and evaluation systems –

Once the partnership agreement and sustainability plan is established, each partner has its own internal "baseline," monitoring and evaluation system in place and incorporated into the agreement.

The results expected of SightReach[SM] partners are increased capacity for expanding service delivery, greater autonomy and independence over resources, and increased financial self-sufficiency. The critical internal partner indicators for monitoring and evaluation are:

- Percent increase in surgical volume (adult cataract with Intra ocular lens)
- Percent decrease in unit cost of surgery
- Percent decrease in unit cost of outreach services
- Percent improvement in surgical quality outcome
- Percent improvement in patient satisfaction
- Percent increase in revenue/expenses (all sources)

Surveys –

As implied above, a health/disease oriented epidemiological "baseline" survey may not be appropriate for each partner. Instead each Partner project itself completes its own baseline assessment of its surgical capacity, cost of service delivery, assessment of quality measures, assessment of other internal and external capacity factors, and other essential data needed to tailor a specific and independent Action/Sustainability plan.

However, some partner plans may include a formal population based survey to assess the surgical coverage and the quality of the surgical outcome as part of their planning process. Such a survey measures prevalence of cataract in a defined service area, surgical coverage, quality of the surgical outcome, patient acceptance, and quality of life indicators. The purpose of this survey is to provide basic data for planning, but it has also been demonstrated to have utility in providing evidence to the providers and policy makers for changes in service delivery, such as sustainability planning.

Such a survey was completed in the southern region of Malawi by IEF in 1999, prior to negotiation of this Cooperative Agreement. A full analysis and report are pending. Based on this pilot exercise, IEF is evaluating how to replicate this experience within SightReach[SM] Management. See Attachments: Survey preliminary results.

At this point, it is undetermined whether a partner that conducts such a formal baseline survey will complete a follow-up survey due to the following reasons:

- The current "rapid" methodologies are new and further testing is needed to develop standard indicators.

- Surveys are a major investment in time and expense.

- The majority of data needed to monitor and evaluate can be built into the internal monitoring and evaluation systems.

IEF has identified the need to monitor and evaluate its approach, and considerable resources are planned to establish standard indicators and methods over the program period.

IEF level –

On the level of the IEF headquarters considerable resources are planned for monitoring and evaluation, viewed as crucial to demonstrating the effectiveness of the sustainability planning approach. A number of internal mechanisms are planned, including the following:

Monitoring partner processes --

One of IEF's strategic objectives is to systematize and standardize a sustainability approach for assisting multiple eye care partners to enhance their ability to provide greater access, quality of services and increased financial self-sufficiency through a creative sustainability planning process. As new partners are engaged over time, data from each partner relationship are collected and summarized into a simple database for monitoring, evaluation and reporting purposes.

IEF is also investigating a standard approach for hospitals to monitor and evaluate their activities that will be developed with assistance from collaborating agencies such as the British Columbia Centre for Epidemiologic and International Ophthalmology (BCCEIO) and the Lions Aravind Institute for Community Ophthalmology (LAICO). The methods will include population-based surveys, development and testing of standard indicators, and development of standard hospital procedures and protocols. Tested methods, indicators, and protocols will be used for adaptation into the partner hospital's internal monitoring and evaluation systems. At a minimum, data will be collected on surgical complications, hospital bed occupancy, patient flow, visual acuity measured post-operatively and at intervals post-discharge, and that can be maintained by the hospital.

IEF is also developing the tools and methods needed to conduct a comprehensive planning process that includes a hospital needs/feasibility assessment, financial analysis, and development of a Sustainability Action plan.

Monitoring internal processes --

Because the SightReach^{SM} Management program is based on administration of sub-awards to multiple partners, the processes for identification of partners, administration and monitoring the sub-awards will be established based on the similar structures established under the "Seeing 2000" program. This includes standardizing the process of solicitation and awards, and the administrative and oversight procedures.

IEF is also evaluating the benefits of establishing an Advisory Group to support the IEF headquarters process for reviewing program results. The Advisory Group would consist of several associated external and internal persons invited to participate in a periodic one

to two day meeting at IEF. The purpose of the Advisory Group is to add external perspective to the IEF in analysis and evaluation of progress made, and provides comments and suggestions for improvements to strategies. The Advisory Group assists in dissemination of information and offer linkages to IEF fundraising strategies supporting SightReach[SM] Management.

Other IEF financial sustainability indicators –

Contained within the DIP and part of the revised IEF programming, are the plans for a social enterprise called SightReach Surgical[SM] (SRS). SRS is based on the concept that quality surgical supplies offered at low cost must be available to eye hospitals and units to enable them to reduce the costs of their services; a reduction in costs then enables a reduction in the pricing to clients including $0 for the poor. The purpose of SRS is to market available ophthalmic surgical, medical supplies, and equipment on a commercial basis with a small overhead. SRS is intended to be a separate sustainable cost center of IEF capable of fulfilling a double bottom line of serving provider and patient needs and generating a new source of revenue for IEF. See the SightReach Surgical[SM] Business Plan submitted separately.

Additionally, SightReach[SM] Management and SightReach Surgical[SM] are considered key elements to IEF's strategic plans for the next several years. Although, sustainability plans are developed for each program area of the DIP -- "Seeing 2000", SightReach[SM] Management, and SightReach Surgical[SM] – the overall IEF Strategic Business Plan is attached as the guiding framework for all of IEF's programming. The IEF strategic plan, developed over the past two years, provides the overall framework, goals and objectives for IEF supporting sustainability programming and the necessary management and financial resources needed to support these efforts. See the Strategic/Business Plan submitted separately.

Other special studies may be included but are not identified at this time. Consideration is being given to conducting marketing and economic studies on patients' perceptions of quality and their willingness and ability to pay for services; investigation of increasing women's and children's access to services, and other economic analysis

A.2. Goals, objectives, indicators, targets

The SightReach[SM] Management program design is not changed from the proposal, however there are clarifications and refinements made in the DIP.

Re-structure of the pediatric surgery and hospital sustainability goals --

A decision was made to separate the goals of the "Seeing 2000" pediatric surgery program from the SightReach[SM] Management sustainability program to better clarify the two inter-related but separate program purposes. This was felt necessary in order to:

- Reflect accurately on the two separate but related purposes. Pediatric ophthalmology is a specialized sub-discipline that requires specialized training, equipment and approaches. Elements of sustainability planning can and will be introduced into the revised "Seeing 2000" program, described in the "Seeing 2000" DIP. However, IEF felt it to be a mistake to directly overlap the two approaches simultaneously potentially confusing the overall results that can be achieved.

- Facilitate planning, implementation, administration, and reporting. Because the two purposes are fundamentally different, two DIPS are required to adequately plan and implement. Additionally, the original Cooperative Agreement (No. FAO-0158-A-00-5015-00) supporting "Seeing 2000" is still active through August 31st , 2000. For administrative purposes, IEF chooses to administer both Cooperative Agreements separately, after which the "Seeing 2000" objectives are carried over into the current Cooperative Agreement (No. FAO-A-00-99-00053-00).[1]

Goal and objectives --

One of the challenges faced by IEF has been to simplify communication of the IEF mission, goals and objectives, as well as the sustainability approach described. In the Matching Grant proposal the program goal statement was –

"Assist eye care providers offering services for children (and ...) to become financially sustainable for operating costs while meeting the basic needs of people at all economic strata, including the poor."

The goal statement has been simplified to better reflect IEF's strategic plans and language. Additionally, the primary objectives are clarified to reflect the desired results likely to be achieved if all of the capacity building activities are successful. There are only minor refinements to the indicators.

[1] IEF sought advice from the USAID Program Officer on February 11th, 2000 to review the basis/ unique structural issues of the proposal and DIP.

Organizational levels --

The organizational levels proposed are refined within the SightReach[SM] Management DIP. The proposal described three institutional levels. Level I grants supported entry and/or general support to institutions providing pediatric surgery. Level II supported institutions with greater organizational capacity in pediatric surgery; while level III institutions were designated to be those involved in sustainability planning. Due to the separation of the two project goals (increased pediatric surgery and hospital financial sustainability), institutional capacity is defined within each program area and purpose.

In the SightReach[SM] Management program, institutional capacities are broadly defined. While no specific nomenclature defines organizational levels, IEF envisions working with institutions that vary in leadership ability, technical expertise, political environment, and organizational capacities. Although all of the institutions with which IEF will work are established eye care providers, in terms of developing financial self-sufficiency, some ("hand-holders") will require considerable input and support to establish the structural foundations needed for sustainability. In comparison, other institutions ("tweakers") may require less support needing only new planning tools, or adjustments to their systems and policies to achieve sustainability. A third category of agency, ("collaborators") are those that will provide specific services (training, technical assistance, etc,) to IEF needed to fulfill the program objectives. Understanding the differences in partner institutional capacity will be a learning objective of SightReach[SM] Management to better understand which organizations can achieve financial self-sufficiency at what costs.

Because the program is built on partnerships with NGO hospitals, the targets and benchmarks for each individual Partner project are defined within each partner Action/sustainability plan.

Goal: Help more people see better.

Result/objectives	Indicators	Measurement Methods	Major Planned Activities
1. Capacity to provide eye care partners technical assistance & resources to expand services valued by patients, and achieve greater independence, and control over their resources strengthened.	1. #of partner Action/ sustainability plans operational per annum. 2. # human resources associated with IEF for sustainability planning available.	1. Requests for assistance proposals.	1. Model for engaging NGO partners in a sustainability planning process developed and tested. 2. Feasibility/ planning tools for sustainability planning developed and tested. 3. TA and resources to 4-6 partners in sustainability planning provided. 4. 4-6 Partner Action plans developed and implemented. 5. Key collaborators training, and monitoring and evaluation services provided.
2. Financial resources supporting sustainability planning diversified and increased.	1. % increase in financial resources, by source, available per year for sustainability planning.	1. Audit reports. 2. Strategic/ sustainability plan reports. 3. SRS income/ expense report 4. Proposals and other plans funded.	1. SightReach Surgical℠ (SRS) operational. 2. IEF fundraising strategies targeting corporations, bi-lateral-agencies, foundations, and other donors developed and executed.
3. Leadership supporting sustainability planning enhanced.	1. # requests for sustainability planning assistance. 2. # documents, presentations, courses developed.	1. Documents, presentations, papers presented. 2. Courses taught/provided.	1. INGDO/NGO access to strategies & interventions for sustainability planning increased. 2. Monitoring, evaluation & documentation of program results to donors and potential donors improved.
Partners: 4. 4-6 partners create services valued by patients, and achieve greater independence, and control over their resources by EOP.	1. #% partner Action/ sustainability plans completed. 2. % surgical volume increased. 3. % unit cost of surgery & outreach services reduced. 4. % quality of visual outcome & patient satisfaction increased. 5. % revenue/ expenditure increased. 6. #% of patients by socio-economic group & gender served.	1. Need/ sustainability plans 2. Partnership agreements 3. Action/ sustainability plans & M/E reports • Surgical/ patient data • Financial statements • Management reports • Outreach reports	1. Selection and partnership process completed. 2. Need and feasibility analysis completed. 3. Action/ sustainability plans established. 4. Implementation & evaluation monitored. 5. Documentation & reporting completed.

A.3. Program design

Problem and rationale --

The World Health Organization (WHO) estimates that 45 million persons are blind and an additional 135 million suffer from severe visual impairment, worldwide. The burden of these conditions is felt most heavily in the least developed countries (LDC), where the majority of the world's population resides. Eighty percent of blindness can be cured or prevented, yet the global burden of blindness continues to grow.

Blindness due to cataract accounts for the majority of avoidable blindness worldwide. The global prevalence of cataract blindness alone is approximately 16 million and increasing due to population growth and aging. Cataract blindness can be reduced in any country with standardized surgical intervention at low cost using available infrastructure and manpower.

In developing countries, the majority is poor and do not have health insurance. Increasingly, international and local NGOs, dependent on donations for the majority of recurrent and operational costs, are finding it increasingly difficult to continue supporting and/or expand service delivery to meet the growing demand for services.

In many newly emerging economies of the LDCs, there is a proportion of the population willing to pay for cataract surgery at the present market prices. There is an even greater proportion of the population who could afford to pay for the cost of cataract surgery with an Intra-ocular lens (IOL) provided that costs are lowered through efficient and effective use of resources in a high volume setting.

Despite this, in the majority of LDCs the current strategies for eye care service delivery do not and will not meet expected needs. This is due to low productivity, inefficient use of resources, inattention to quality, difficulty in attracting and retaining trained personnel, lack of autonomy and control of their resources, and dependency on external resources.

The IEF believes that funding from any source can be more effectively used by introducing to its partners a comprehensive planning approach that leads to institutional and financial self-sufficiency. This type of technical assistance is more likely to result in enhanced capacities to establish the leadership, systems, and approaches needed to sustain service delivery beyond external funding investments.

Over the past several years IEF has reoriented its mission, goals and programming to meet the needs of its eye care partners by including management and capacity building approaches leading to greater productivity and financial self-sufficiency. These changes are prompted in part by IEF's need to increase and diversifying revenue sources, and also the desire to play a leadership role in promoting the development of eye care programming oriented towards financial sustainability. Central to IEF's approach is a two-pronged strategy focusing on:

1. Enhanced IEF capacity and sustainability: IEF recognizes the need to organize itself toward new eye care programming and approaches, diversify its financial resources, strengthen staff capacities, and develop technical assistance approaches in partnership with eye care providers oriented towards capacity building and financial sustainability.

2. Increased eye care partner sustainability: IEF recognizes that the basic eye care needs of the majority of the population in LDCs is limited by the inefficient current delivery approaches. IEF will assist partners to re-orient their organizational goals, institutional capacities, and management systems to achieve greater performance, efficiency, quality, and financial self-sufficiency, while maintaining an orientation to the poor.

These two activities are central to the SightReach[SM] program described in the DIP and are central to IEF's strategic plans.

Planning approach –

The basic model for assisting eye care partners to achieve greater productivity and greater financial self-sufficiency has not changed from the proposal. The purpose of the SightReach[SM] Management program is to assist selected partners, primarily base hospitals, in a comprehensive planning approach that can be improved, standardized and replicated. The approach is briefly described below. [2]

Basic principles –

Success of Sight Reach Management is based on the highly successful experiences from India and Nepal whereby eye hospitals are completely financially self-sufficient from user fees from adult cataract surgery. The basic principles are:

1. Increasing patient volume: To achieve high quality eye care affordable to all economic levels, the eye care hospital must lower the unit cost of surgery to allow pricing that the majority of the population can afford. Increasing volume can be achieved by increasing the number of surgeons, increasing the number of surgeries per surgeon, increased use of auxiliary and para-medical staff.

[2] The concept of strengthening base hospital, or centers of excellence, has gain renewed emphasis by the International Non-governmental Development Organizations sector. This is in recognition that Primary Eye Care efforts can only be supported by a strong service and delivery infrastructure. In addition SightReach Management emphasizes supporting hospitals over individual ophthalmic practices, a major program area of IEF in the past.

2. Lower unit cost: To achieve greater cost efficiency, a hospital must examine all of its operations and procedures and identify ways to improve efficiency. Of importance are efforts to standardize the process and procedures related to cataract surgery, a surgery amenable to standardization. Further efforts are needed that focus on fewer services and other efforts are focused on bulk purchase of needed surgical consumable supplies, often the major cost in surgery.

3. Improve quality: Improving quality is essential to efficiency in the processes of delivering services and also in achieving improved surgical outcome. The primary strategy for improving quality is based on adopting modern micro-surgical techniques and intra-ocular lens implantation. Modern Extra Capsular Cataract Extraction with IOL (ECCE/IOL) done well, results in a dramatic visual outcome with permanent vision correction. (Thick "cataract" glasses are no longer needed). In the Latin American countries additional strategies are to be established.

4. Establishing cost recovery mechanism based on affordable prices: Choosing to use profit from paying patients to subsidize the services and surgery without charge for the poor is a fundamental step needed to achieve financial self-sufficiency, as well as, to create services that can expand to meet the needs of more people. With careful planning based on understanding total revenue and expenditure, and the patient's ability to pay for services by socio-economic groups, multi-tiered pricing structures can be established that include $0 to accommodate the poor.

The planning approach is an adaptation of business and sustainability planning.[3] Central to the approach is creating and fostering teamwork and partnership with the hospital, articulation of the desired goals and outcomes, and gap analysis between the current status of service delivery and capacity and the desired results. IEF is also building on the pioneering efforts demonstrated by Aravind Eye Hospitals, Madurai, India, the Lumbini Eye Care Project, Nepal, and supported by the Seva Foundation and other NGOs.

[3] Although IEF is developing this approach based on successful experience in Asia, the approach draws on the growing experience in Business and Sustainability Planning and may be considered as a Quality Redesign approach from the quality assurance perspective.

INPUTS Current capacity and status	**GAP** Problems & Opportunities to overcome	**OUTCOMES** Desired outcomes
Capacity Areas: 1. Surgical procedures 3. Administrative systems 4. Management systems 5. Outreach strategies	• Team building and partner support • Define problems to overcome • Design feasible interventions & strategies based on needs of partner and local conditions • Facilitate, coach and support change	• Full surgical capacity achieved • Increased patient acceptance of services • Reduced unit costs for services & surgery • Increased revenue earned through costs recovery and other strategies

Primary emphasis is on problem analysis and design of strategies, interventions, and solutions that can be effected within the capacities of the hospital.

Strategies --

The primary challenges to address are:
1. Develop strategies to improve efficiency, cost effectiveness, and management.
2. Develop strategies to improve quality of service delivery and visual outcome.
3. Develop strategies to identify more patients at the least cost.
4. Develop strategies to improve financial self-sufficiency.

This process is highly interactive between IEF and the partner requiring development of joint expectations, articulation of joint roles and responsibilities, forging direct working relationships, and transparency between partners.

Initial experience –

Recently, IEF has begun experimenting with this process by engaging the Lions SightFirst Eye Hospital (LSFEH) in Lilongwe Malawi over the past 1½ years. Considerable learning has already been achieved from this initial experience and IEF expects to demonstrate to the LSFEH, the MOH and to other supporting INGDOs that this approach is feasible and desirable. Over the past year, the LSFEH has demonstrated:

- Increased cataract surgical volume can be achieved with existing resources. 500 cataract surgeries with IOL implantation were performed over five weeks compared to <900 performed at the hospital in the previous year.
- Reduced the unit costs for surgery and outreach.
- Revised outreach activities resulting in approximately 100 patients identified and accepting surgery per outreach session at a cost of approximately $7 per patient identified (compared to the current >$300 per patient).

- Evaluated the organizational structure, established job descriptions, and drafted an information system.
- Established protocols at all levels of the hospital (out patient department, operating theatre, wards, etc).
- Demonstrated that patients will volunteer to pay for services by filling the available semi-private wards.

Remaining to be completed in 2000 are the continued support for the LSFEH to consolidate and institutionalize these changes, strengthen management and administration, and fully implement the pricing structure. A full report on 1999 activities is pending. On a separate but related activity, IEF completed in Malawi a population based survey on cataract and trachoma surgical coverage and outcomes in August 1999. These data will be critical in setting up to date baseline figures.

A.4. Training

Partner level –

Training is an important input for developing the necessary skills for micro-surgery and for establishing modern management practices. Training needs of each partner are assessed during the development of the Action/Sustainability plans and may include several areas:

Surgical –

The corner stone for financial self-sufficiency is the ability of the ophthalmologist(s) to increase the surgical capacity to optimal levels. Secondly, the surgical technique must be a modern micro-surgery method with IOL implantation to achieve the desired quality visual outcome. If training is determined necessary, there are a number of ways that training may be offered including on-site in-service training by a visiting ophthalmologist familiar with high volume surgery, planned formal training at another institution such as the Aravind Eye Hospitals in India, or a combination.

Management –

Depending upon the specific needs identified, appropriate training will be organized. Although not specifically a management training, SightReach[SM] partners will be encouraged, where appropriate, to participate as a team in the "Vision Building" workshops conducted by the Lions Aravind Institute for Community Ophthalmology (LAICO) in Madurai, India. This workshop is designed to be an intensive one week immersion course providing the opportunity for a team from the visiting partner hospital to understand the Aravind high volume approach and jointly develop an Action plan to begin implementation upon return. Other management courses, formal or in-service, are to be defined during planning.

Other in-service –

Other in-service training may be provided by IEF and/or its collaborating partners in a range of areas depending upon need. All training will be based on a needs assessment, will involve interdisciplinary hospital teams where possible, and will benefit both men and women. IEF also views the individual steps of the "planning approach" as training in "capacity building" that can be offered at low cost.

IEF is also considering the feasibility of developing courses similar to the Vision Building workshop offered by LAICO. The purpose of such a course would be the ability to reach those eye hospitals where considerable adaptation to the Aravind approach is necessary and where other cultural barriers prevent participating in the English language course. Still other in-service training IEF may offer is in quality assurance management methods, an area of expertise IEF views as strategically important.

IEF level –

SightReach[SM] Management is an important IEF core program addressing strategic objectives of the organization and its partners. SightReach[SM] Management is also attempting to strengthen the IEF capacities for providing this specialized technical assistance to its partners in LDC. Thus, training needs, to be defined, are likely to be in areas that directly support the planning processes described above and elsewhere in the DIP. Although not all training needs are identified at this juncture, training may include the following:

Participation in the LAICO Vision Building workshops described above. Where possible, IEF staff who have not participated in this training, will be involved in one of the partner team exchanges where appropriate. In this manner, the IEF staff are participating and involved as members of a IEF/partner team.

Additional training may include the Quality Assurance Management Methods for Developing Countries Summer Course, offered by Johns Hopkins University, School of Public Health. Other short term training supporting capacity building under consideration are courses such as the Team Technology Program Management and planning courses. Further definition of training needs will be reported in the annual reports.

Section B: Program Location and Formal Agreements

B.1. Location description

Partner selection process –

The process for identifying SightReach[SM] Management partners is similar to the "Seeing 2000" pediatric support program, that has successfully provided small sub-grants to eye care institutions through a Request for Proposal (RFP) process. To date, "Seeing 2000" has engaged 20 institutions/ NGOs in 13 countries on 5 continents since August 1996.

In a similar fashion, SightReach[SM] Management is built on a "rolling design" with IEF soliciting "Letters of Interest" from NGOs for sustainability planning. Thus, IEF does not know at this point what partners and countries will be engaged.

IEF's interests are in adapting sustainability planning models to different NGO environments in different regions of the world. The regions of interest are sub-Saharan Africa and Latin America, but do not exclude Asia/ Near East, and possibly Eastern Europe.

The SightReach[SM] proposal identified three potential NGOs in Malawi, Guatemala, and suggested Pakistan as a third country. SightReach[SM] Management will begin by continuing its relationship with LSFEH in Malawi, already underway. The NGO hospitals in Guatemala and Pakistan will be given priority, however both partner/countries are subject to the revised selection process applied to all interested partners.

The solicitation process differs from the "Seeing 2000" program for the following reasons:

- IEF must identify the NGOs that have the greatest likelihood for success and that can be managed successfully within IEF's capacities. The Action/sustainability process will not work successfully with every NGO for a variety of circumstances both in the control of the NGO, but also circumstances external to the NGO.

- Because understandings of "business planning," "sustainability," and "capacity building" vary widely, a "Request for Proposal" process with pre-established IEF objectives similar to the "Seeing 2000" program, is not likely to result in proposals that fit the IEF sustainability model.

Sustainability planning requires an active interaction between IEF and the NGO partner that "Seeing 2000" grants do not. This implies that fewer sub-awards can be provided through SightReach[SM] Management than with "Seeing 2000."

As partners are identified, USAID will be informed and requested to provide concurrence on the partner country. SightReach[SM] Management will also engage four to six NGOs in sustainability planning, depending upon the amount of the sub-awards.

Selection Criteria –

Potential partners will be screened using the following general criteria (under development):

- Fit: the degree to which the partner's and IEF's program priorities, purpose, mission and strategic objectives match; and the ability to share resources and coordinate activities.

- Attractiveness: the degree to which IEF's investment in capacity building support is cost effective and likely to achieve results. Sub-elements include leadership effectiveness, the stability of the funding base; control over resources; the ability to provide measurable program results; and the ability to discontinue IEF financial support with relative ease.

- Competitiveness: the degree to which the partner can deliver quality services is effective, is credible, knows and communicates with its stakeholders effectively, and the degree of 'coverage exclusivity."

Other criteria are related to a supportive political environment, characteristics of the population served, and other external factors.

A major activity of the program is to further develop and refine the criteria and tools needed to assess Partner capacities. The following questionnaire outline provides the range of information included.

Needs assessment:

- Clinical efficiency, effectiveness, and competence
- Leadership and continuity of staff
- Staffing patterns, skills, performance (ophthalmologists, technicians, managers)
- Management structures and expertise
- Service delivery characteristics
- Outreach and interaction with community leadership and patients
- Financing structure and control over resources
- Infrastructure and expansion/renovation requirements, adequacy of equipment and supplies

Baseline facility questionnaire:

- Annual statistics
- Physical facility description
- Staffing patterns
- Equipment and supply inventory
- Surgical statistics
- Surgical processes
- Financial assessment (expenditure and revenue)
- Training
- Hospital procedures and protocols
- Management processes
- Information systems
- Organizational structure

Baseline beneficiary questionnaire:

- Common eye problems (statistics)
- Patient demographic and socio-economic data
- Patient referral, knowledge of services
- Country prevalence data
- Surgical statistics
- Availability and cost of alternative services in area

A draft copy of the needs assessment questionnaire is found in the Attachments: Draft Need/feasibility assessment questionnaire.

Other financial and organizational assessment approaches available through Management Sciences for Health and others agencies are under evaluation for their potential adaptation to the planning process.[4]

[4] Management and Organizational Sustainability Tool (MOST), Management Development Assessment (MDA), Cost and Revenue Analysis Tool (CORE).

B.2. Formal Agreements

Formal agreements are organized on two levels:

NGO Partners --

The NGO partner hospital is the primary recipient of support for sustainability planning. As briefly described above, NGO partners are selected through a process to reach both NGOs known to IEF and other NGOs currently unknown to IEF. The process involves the following steps:

Distribute request for "Letter of Interest" --

A formal Letter of Invitation will be solicited through the Partnership INGDO network and other means. In order to cast a wide net, IEF will not limit this solicitation to only the known partners under the Partnership Committee. IEF will also consider other NGOs including charitable and for-profit NGOs.

The IEF solicitation asks that the interested party provide an expression of their interest, willingness, and commitment; description of their current capacities; characteristics of the populations served; and characterization of the political and economic environment.

Initial partner selection --

Letters of Interest are reviewed at IEF by staff and others invited to review. Screening criteria will be established for the initial selection step. Those that meet the basic criteria will be informed. These potential partners are also prioritized to determine the level of support required and whether support can be managed effectively by IEF.

Response to initial partners outlining expectations and next steps --

Screened NGOs are notified and a schedule for an initial visit to work directly with the NGO is organized. The purpose of the in-country consultation is to gather additional data and information, and conduct more detailed analysis necessary to establish the specific capacity building needs and the overall feasibility of successful outcomes. Additional processes and inputs examined are likely to include:

- Physical inspection of infrastructure (equipment, buildings, etc).
- Observation of service delivery processes at the out-patient department (OPD), wards, and operating theatre (OT).
- Interviews with staff, Board members, parent hospital administration, or MOH where appropriate.

- Financial analysis of revenue and expenditure.

- Patient interviews and visits to communities where appropriate.

- Planning meetings with leadership and staff to discuss Strengths, Weakness, Opportunities and Threats (SWOT), and identification of potential constraints and solutions.

Based on the data gathered and discussions, an outline for an Action/sustainability plan is drafted including a statement of agreement on needs and shared expectations, and the identification of roles and responsibilities between IEF and the NGO. At this point, it will be determined whether and at what level of support to proceed.

Formalize Partnership agreement, Action plan and sub-award --

A Partnership Agreement consists of expressions of shared expectations and values, the Action/sustainability plan and budgets, outline of roles and responsibilities, any other formal letters required by government ministries or other agencies, and a signed sub-award document sufficient to comply with USAID requirements. Included in each Action/sustainability plan are the details for all implementation, monitoring and evaluation.

Collaborators –

IEF recognizes that the demonstration of a successful sustainability model requires expertise and assistance that is not currently available. IEF will develop collaborator relationships with selected agencies that are capable of providing specific expertise and services supporting IEF to reach our goals. The areas of need identified are:

British Columbia Centre for Epidemiologic and International Ophthalmology --

The British Columbia Centre for Epidemiologic and International Ophthalmology (BCCEIO) is based at St. Paul's Hospital in Vancouver, Canada. The BCCEIO was established in 1995 with the purpose of developing understanding in the discipline of ocular epidemiology. See Attachments: General information BCCEIO.

IEF recently completed with BCCEIO assistance a successful "rapid" population based study of the surgical coverage and quality of surgical outcomes for cataract and trachoma patients in Chikwawa District, Malawi. The survey methodology is an adaptation of the Cataract Operations Post-operative Surveillance (CATOPS) "rapid" survey methodology. Preliminary survey results are reported in the Attachments.

The BCCEIO's experience in public health and ocular epidemiology will be contracted to assist IEF develop a practical cataract outcome assessment methodology for selected SightReach^{SM} partners.

The initial emphasis will be coordinated with selected Partner(s) to:

- Determine key outcome indicators that consider sight restoration rates, surgery success rates, surgery complication rates, and visual function improvement rates.

- Create an outcome assessment program component that includes standardized protocols and forms, and procedures for recording data at periods before surgery and post-surgery.

- Create the data gathering and data entry programs, and train staff in survey, data analysis, and supervision techniques.

Assistance may also focus on special population based study methodologies that contribute to greater understanding of the effectiveness of the Action/sustainability approach.

Lions Aravind Institute of Community Ophthalmology --

The Lions Aravind Institute of Community Ophthalmology (LAICO) is the training institute of the Aravind Eye Hospitals in Madurai, India. The Aravind Hospitals accounted for over 160,000 eye operations in 1999, representing the largest volume of eye surgery in the world. LAICO provides a series of short, medium, and long-term courses to eye care professionals and para-professionals in surgery, management, and other eye care support services. See attachments: General information LAICO.

During, 1999, IEF facilitated a successful skills transfer between LAICO and the Lions Sight First Eye Hospital (LSFEH) in Lilongwe, Malawi. The LSFEH project is the first IEF experience in comprehensive sustainability planning.

In order to initiate skills transfer and change for the LSFEH, IEF facilitated a team exchange. The exchange consisted of a four person LAICO team visiting Malawi for two weeks to conduct a needs assessment and familiarization tour. This was followed by a six person LSFEH/Malawi team visit to Aravind Hospital for six weeks for orientation, participation in an immersion course, and development of an Action plan to execute upon return to Malawi. This was later followed by a six person LAICO team visiting the LSFEH for five weeks to assist in implementation of the Action plan developed.

An agreement is being developed between IEF and LAICO to provide ongoing support for technical and management assistance.

Areas in discussion are:

- Team exchanges: additional team exchange visits between IEF sponsored eye partners and LAICO.

- Standard courses: further use of existing LAICO courses, e.g., Vision Building Workshop, Equipment Maintenance, para-professional training diplomas, micro-surgical skills certification, and other courses.

- Develop a Training of Trainer course based on a cataract surgery manual (to be released by LAICO and the SEVA Foundation) that focuses on facilitating sustainability planning and high volume cataract surgical services. The purpose of such a course would be to provide orientation to leaders from sub-Saharan Africa and Latin America in sustainability planning using the manual as a guideline.

- Adaptation and piloting of a computerized "eye hospital" standard Management Information System (currently in development). The IEF partners may play an important role in pilot testing a standard information system that facilitates improved management.

Other collaborators --

Other collaborators may be identified during the life of the program. Possible areas for collaboration are:

- Management Sciences for Health – IEF is discussing the potential for adapting some of the available MSH tools to the planning process. The MSH tool "Cost and Revenue Analysis" tool (CORE) and other management assessment tools are under consideration for use with specific partners.

- University Research Corporation – IEF is discussing with the Quality Assurance Project (QAP) approaches for quality assurance and quality improvement such as development of a Critical Care Path, and further development of standards and protocols, and other supervision and training approaches.

- Johns Hopkins University—IEF is considering assistance from the JHU to conduct specific cost analysis of the sustainability approach, and other issues related to patients' willingness and ability to pay for services.

Any collaborative agreement will be based on specific needs of the program and a formal scope of work and agreement will be developed for each purpose.

Section C: Program Timeline and Schedule of Activities

C.1. Work schedule

A Timelines is found in the Attachments: Timeline.

The Matching Grant supports several components under the umbrella of SightReach[SM] :

1. SightReach[SM] Management: The major elements of the timeline are the phasing in of new partner sub-awards beginning in 2000. The expected time period budgeted for each partner is a 12 – 2 4 month period depending upon the ability of the partner to make changes and report outcomes.

2. SightReach[SM] Surgical is a sub-component of SightReach[SM] and is described in the separate business plan document.

3. "Seeing 2000" activities are phased into SightReach[SM] Management in 2001. This is necessary due to the fact that IEF has an existing Cooperative Agreement supporting "Seeing 2000" (No. FAO-0158-A-00-5015-00) effective through August, 2000. Due to under-expenditure in the C.A., IEF will request a one-year no-cost extension to utilize the remaining funding. Therefore, "Seeing 2000" activities are phased into this new Cooperative Agreement.

Section D: Monitoring and Evaluation

D.1. Monitoring and evaluation system

Considerable effort and resources are planned to develop a monitoring and evaluation system to demonstrate the sustainability approach. The primary focus is first on the Partner level.

Partner level –

The focus is primarily on the selected partner NGO eye hospitals.

Internal information systems –

Once the partnership agreements and sustainability plans are established, each partner has its own internal "baseline" monitoring and evaluation system in place incorporated into the agreement. Because the expected results of SightReach[SM] partners are an increased capacity to expand service delivery, greater autonomy and independence over resources, and increased financial self-sufficiency, the primary indicators are related to productivity, efficiency, cost, quality, sustainability, and access:

Outcome –

1. *Increased surgical volume:*
   - Number & percent increase in cataract surgical volume (with IOL implantation).

2. *Reduced costs:*
   - Cost & percent decrease in unit cost of cataract surgery.
   - Cost & percent decrease in unit cost of outreach services.

3. *Improved quality:*
   - Number & percent of patients with improved visual outcome.
   - Number & percent of patients reporting satisfaction with services.

4. *Increased financial self-sufficiency:*
   - Total & percent increase in revenue/expenses (all sources).

5. *Increased access:*
   - Number & percent persons served by gender and socio-economic level.

The source of the data needed for monitoring and evaluation is necessarily part of the NGO and hospital information system. Although each partner may have different information and reporting systems established, the following example of the recent experiences with the LSFEH in Malawi provides the range and type of data needed.

Partner Information System Outline --

AREA	*WHAT*	*FORMS*
Operating theatre (OT)	Patient data, diagnosis, treatment by surgeon. Procedure with IOL, complication rates, costs. Patients free, paying; with IOL; per surgeon.	OT/A -- OT Schedule OT/B -- OT Register OT/C -- OT Surgery report
Out-patient Department (OPD)	Patient demographics, diagnosis, treatment history. Patients by new, old; free, paying.	OPD/A - Protocol of patient flow OPD/B - OPD Register OPD/C - Diagnosis report OPD/D - Daily monitoring OPD/E – Age/sex distribution OPD/F - District region distribution
In-patient wards (IP)	List patients waiting surgery. List patients due discharge. Bed census and length of stay. Outcome/complication analysis.	Protocol for records management IP/A - Admission sheet - surgery records - special case register - discharge summary IP/B - Surgery report IP/C - Outcome monitoring register IP/D - Ward register IP/C - Bed census
Outreach (OR)	Number of eye camps. Patient demographics, age, sex; history, diagnosis.	OR/A - Patient flow protocol OR/B - Register
Management (M)	Inventory and materials consumption by department. Accounting reports Revenue by sources (patients). Protocol cash handling. Staff performance and evaluations.	M/A – Purchase order M/B - Indent form M/C – Materials receipt M/D – Materials issue M/E - Stock ledger M/F- Process flow chart M/G – Reports Other – Job descriptions

AREA	*WHAT*	*FORMS*
Quality assurance (QA)	Average time taken for service Patient opinion (OPD, treated, inpatient) Complication rate Visual outcome (acuity)	QA/A - Feedback OPD QA/B – Feedback OPD operated, QA/C – Feedback inpatient QA/D – Avg. patient time OPD QA/E – OPD satisfaction QA/F – OPD surgical satisfaction QA/G - No surgeries per mo. QA/G – Intra-operative complications QA/G – Immediate post-operative complication QA/G – Pre-operative visual acuity QA/G – Post-operative visual acuity QA/H – Average time per surgery

In the above example, the LSFEH's health information system was not providing data related to productivity goals and data was not used for decision making. In this example, a major supporting input was to redesign and implement a revised information system.

Each SightReach[SM] partner will be asked to provide basic summary data that will be reported on a schedule to be determined by each Partner.

Only examples of the summary reporting forms are found in Attachments: Monthly reporting format and Grouped reporting format.

Population surveys –

Some partners may include a formal population based survey to assess the surgical coverage and the quality of the surgical outcome as part of their planning process.

Such a survey measures surgical coverage, quality of the surgical outcome, patient acceptance, and quality of life indicators. The purpose of a survey is to provide evidence to the providers on the current level of access and quality of services provided to the population, and data to Ministry policy makers and to donors to argue and justify changes to service delivery approaches, such as sustainability planning.

It is unlikely that a formal follow-up survey would be undertaken as basic performance and other service data would become part of the hospital's monitoring system to measure progress.

IEF level –

Partner summary reporting --

One of IEF's strategic objectives is to systematize the sustainability approach resulting in the ability to provide greater access, quality of services and increased financial self-sufficiency through a creative sustainability planning process. As new partners are engaged over time, data from each partner relationship will be assembled into an IEF data base (Excel and or Access) for monitoring, evaluation and reporting purposes. An example of the summary data is found in the Attachments: Grouped reporting format.

Development of standard indicators –

The British Columbia Centre for Epidemiologic and International Ophthalmology (BCCEIO) will be engaged by IEF to assist in development of a standard approach for hospitals to monitor and evaluate their activities. The proposed steps are discussed above in Section B.2. pages 19-20. The outcome indicators under consideration are:

- Sight restoration rate (SRR) -- The sight restoration rate is the measure of the proportion of cataract surgeries that restore sight. It helps determine the effectiveness of case selection and case finding of bilaterally blind people.

- Surgery success rate (SSR) -- The surgery success rate is the measure of the proportion of cataract surgeries improving visual acuity in the operated eye. The SSR determines the overall quality of care.

- Surgery complication rate (SCR) -- The surgery complication rate is the measure of the proportion of cataract surgeries in which specific complications occur. The SCR determines the immediate outcome in terms of sight-threatening complications.

- Visual Function Improvement Rate (VFIR) -- The visual function improvement rate is the measure of the proportion of cataract surgeries that improve the function of patients to manage activities of daily living. It helps to determine the contribution of surgery to the economic and social well being of the patient.

Further information on this collaborative effort can be found in Attachments: Proposal BCCEIO.

Cost analysis --

Part of the planning process requires analysis of revenue and expenditure to plan for improvements in financial self-sufficiency. IEF is considering adaptation of financial analysis tools to provide detailed cost and expenditure data for each hospital. A tool such as the Management Sciences for Health (MSH) tool "Cost and Revenue Analysis" (CORE) would provide detailed financial data useful to estimate the hospital's costs and revenues critical for decision making. Financial data and analysis includes:

- Determination of service volume, cost elements, revenue; variable, direct, and indirect costs; salary and other fixed operating costs.

- Determination of cost per service, revenue and cost recovery per service, and personnel utilization.

- Analysis of efficiency, coverage, and financial viability of partner NGOs, and

- "What if" projections to examine the impact of changes on areas such as service mix, personnel utilization and remuneration, and changes in fixed costs, fees charged and price structures.

Cost effectiveness analysis (CEA) would then be possible where both the cost and outcome indicators are reliably measured. The CEA would contribute effectively to demonstrating the effectiveness of the Action/sustainability approach by IEF.

IEF internal monitoring –

A number of internal monitoring activities will take place including:

- Administrative systems for monitoring the partner sub-awards will be established at Headquarters. This will be based on the guidelines established for "Seeing 2000" sub-awardees.

- IEF is considering the benefits of establishing an internal review process with assistance from an Advisory Group. The role of the Advisory Group would be to provide external perspective in evaluation of progress, and recommendations for improvement to strategies.

IEF established strategic sustainability goals and objectives, discussed in greater detail in Section E. Also housed within SightReach^{SM} is IEF's new social enterprise SightReach Surgical^{SM} , discussed further in Section E. below, and submitted as a separate document.

D.2. Resources

The resources for monitoring and evaluation are primarily at the Partner level. The Action/sustainability planning process requires assessment of partner capacities for surgical services, and a wide range of management activities. The IEF does not have an Evaluation Department. IEF resources supporting monitoring and evaluation are the existing core staff and consultants. To augment IEF's capacity, IEF is allocating funding to the BCCEIO, LAICO, and other agencies for specific technical assistance in areas of skills transfer, systems development, development of protocols, and development of standardized indicators, as described above.

Section E: Sustainability Strategy

The SightReach[SM] Management strategy is unchanged from the proposal and is built on two tiers, 1) a strengthened IEF capacity to provide technical assistance in sustainability planning for partner NGO hospitals, resulting in 2) a strengthened capacity of the NGO hospital to provide sustainable eye care services.

Partner –

On the program level, the primary objective is to develop the capacity of NGO hospitals for increased organizational and financial sustainability. The term "organizational capacity" refers to all of the inputs and changes to individual skills and abilities, organizational systems, and institutional changes necessary to achieve greater productivity enabling financial self-sufficiency. Although the primary sustainability goal is to achieve revenue in excess of operating costs, the degree of financial self-sufficiency is dependent upon each NGO hospital's ability to make changes within their control.

Approach to sustainability --

A comprehensive sustainability systems approach will result in increased performance (productivity and efficiency) and quality of services with a patient focus. This makes possible implementation of cost-recovery mechanisms that generate revenue to cover operating costs. With a growth in self-earned revenue, other revenue from government and private sectors can be used more efficiently to expand service delivery to an increasing number of patients.

Technical sustainability --

The two categorical areas for improving technical skills are surgery and management. In the area of surgery, emphasis is placed on developing micro-surgical skills for high volume Extra Capsular Cataract Extraction (ECCE) with IOL implantation. By increasing productivity (number of surgeries per hour) and the quality and effectiveness of the surgery, the improved visual outcome results in satisfied patients. In order to channel the number of patients necessary to meet the surgical capacity (2-4 surgeries per ophthalmologist per hour), management of patient flow and efficiencies within and between departments is necessary. Skills in a variety of management areas, therefore, are necessary, including modern management skills in "business/sustainability" planning which are often different than the way in which the NGO hospital operates under present circumstances.

Cost recovery --

Cost recovery is possible only if the NGO hospital can demonstrate increased productivity and efficiency. Cost recovery will be based heavily on adult cataract surgery, which accounts for the majority of avoidable blindness in most countries. Every patient coming to the hospital is guaranteed the same high quality surgery.

A multi-tiered pricing mechanism will be established based on the paying capacity of the average household monthly income of the lowest 60% of the population. As an example, the draft pricing structure for cataract surgery under consideration in Malawi is:

Segment	Percentage Population	Cataract surgery target	Price: Service Cataract surgery	Cost per surgery @ $15	Cost recovered
Wealthy	10%	320	$35	$4,800	$11,200
Middle	30%	960	$14	$14,400	$13,440
Poor	20%	640	$7	$9,600	$4,480
Very poor	40%	1,280	$0	$19,200	$0
Totals	100%	3,200		$48,00	$29,120
Percentage cost recovery from cataract surgery service					61%

Hospital wards may require renovation to facilitate different levels of accommodation and support services (group ward, paying semi-private, paying private, food services, etc) rather than the traditional ward structure (male, female, and children). Prices will include $0 in order to accommodate those too poor to pay for services. Pricing will also be established for other services including out-patient department visits.

Financial sustainability --

As plans are fully implemented, self earned revenue from user fees has the potential to generate income in excess of the operational costs that will support core services. The key elements to revenue generation are the ability to increase the volume of patients that pass through the system as efficiently as possible (usually within three to four days); and to reduce the unit cost of providing surgical and support services. As an example, in Malawi the patient volume is estimated to increase from 17 cataract surgeries to 80–100 per week per surgeon; and the unit cost of outreach services reduced from greater than $350 per person identified for surgery, to $6 per person identified for surgery. The unit cost of cataract surgery must also be reduced to $15-25 per surgery. Each of these cost reductions has been demonstrated in Malawi during 1999. Additionally, other revenue generating projects will be explored which can include services related and not related to the surgical services, e.g., re-developing the patient food catering to function as a restaurant service for both patients and other paying clientele. Other possible revenue generating activities are development of eye glass manufacture, and marketing business and other revenue generating services.

Organizational and management structures and changes for sustainability --

The changes partner NGOs are expected to undertake range widely in scope from single inputs ("tweaking") such as improving the management information system, or establishing a more effective pricing structure, to a major "re-design" of service delivery and management systems. Regardless of the scope, such changes require management through the transition period and changes in values encouraging leadership, openness to change, creativity, and accountability. Institutional structures which encourage

accountability to patients and employee loyalty are also paramount as is acceptance in the wider political environment.

There must also be the personnel and business management systems and procedures in place that support this effort. In some cases this includes supporting skills and systems development in financial management, strategic planning, quality assurance techniques, data management, team building and communication skills. In some instances, the organizational structure of the NGO hospital needs strengthening by establishing a professional management position.

IEF –

To strengthen the capacity of the NGO hospital to provide sustainable eye care services, IEF's capacity to provide technical assistance in sustainability planning must be strengthened. Thus, the elements to sustain on the IEF level are the ability to provide technical assistance to the NGO hospitals and other INGDOs as efficiently as possible.

Although SightReach[SM] Management is central to IEF's overall sustainability strategy, the strategy presented below focuses on the program objectives of continuing IEF assistance in hospital sustainability planning, and on creation of a related social enterprise, SightReach Surgical[SM] (SRS). It is not intended to be a comprehensive sustainability plan for IEF as an organization. However, the IEF strategic plan is submitted separately to provide USAID IEF's guiding framework. The following is a summary of IEF's plans.

1. Increase IEF Income --

1.1. Strategic financial planning/NGO business planning

IEF is in the process of developing an agency strategic and sustainability plan within which SightReach[SM] Management objectives of increased NGO hospital sustainability are central. IEF views this grant as an opportunity to assist IEF to make the changes needed towards sustainable eye care programs. IEF believes that it is pioneering changes in eye care delivery that will have great impact over the next decade. Because IEF is a small agency in comparison to other INGDOs, IEF recognizes it must:

- Create a focus on fewer programs that have elements of revenue generation.
- Re-organize to provide SightReach[SM] planning services with a potential for "commercialization"
- Create new relationships with donors and potential contractors supporting SightReach[SM].
- Demonstrate SightReach[SM] as a competitive product (service) with a double bottom line that can be offered to many clients and their constituents and that can be provided efficiently.

1.2. Diversify funding and improve acquisition of income

The primary objective is to access new funding from foundations, corporations and other donors to support continuation of SightReach[SM] Management services. Although partner NGO sustainability planning is expected to diversify and increase their revenue base, their success does not directly impact on IEF's financial sustainability, nor can any revenue generated by the NGO be expatriated to IEF.

However, IEF's objective is to re-establish relationships with existing donors and establish new relationships with foundations, corporations and other donors who have not traditionally supported health programs. The first phase objective is to completely raise the funding required to match the USAID grant ($750,000). The second phase objective is to raise funding to support the following expenditure:

- $165,000 per annum for core operating expenses at IEF (staff and a portion of other direct and indirect costs)

- $200,000 per annum to support 2-4 new sub-award grants in amounts of $50 - $100 per annum.

Donor sources will be analyzed and proposals written for support in amounts ranging from $5,000 to $1,000,000.

1.3. Increase IEF earnings

At this time, IEF is not ready to "commercialize" SightReach[SM] Management services, but IEF must first demonstrate that this model results in greater NGO financial sustainability. Regardless, IEF will evaluate how to "market" this approach to its supporters and to the international community. IEF is also anticipating that some INGDOs and NGO hospitals will request IEF assistance for planning and consulting services. In such cases IEF will request some level of cost sharing to support direct costs of the consultation.

SightReach[SM] Surgical -- Included as part of IEF's overall plan, is the business plan for IEF's social enterprise SightReach Surgical[SM] (SRS). The purpose of SRS is based on the concept that quality surgical supplies at low cost are necessary to enable partner hospitals to provide quality services and to reduce their costs. Thus, the goal of SRS is to market ophthalmic surgical and medical supplies and equipment as a small internal business. SRS is intended to be a separate sustainable cost center of IEF capable of generating a new source of revenue for IEF, thus fulfilling a double bottom line serving providers and their patient needs, while generating a new source of revenue. For additional information the SightReach Surgical[SM] Business Plan, submitted separately.

2. Improve cost savings and management

2.1. Increase asset utilization, productivity and cost savings

SightReach[SM] Management is one component of IEF's overall strategic plan. In order to plan continuation of SightReach[SM] Management services as a primary IEF program, the unit cost of providing this service will become part of IEF's planning process. A secondary goal is to "package" this service and provide it efficiently to many clients. Measures to reduce IEF's overhead costs are to be investigated. After which IEF can consider the viability of developing a pricing structure and marketing strategy should IEF choose to "commercialize" this as a sustainable management service.

2.2. Focus on fewer programs with elements of cost recovery

A central objective of SightReach[SM] Management, is to standardize the methods for providing sustainability planning services to NGO hospitals and INGDOs. IEF is emphasizing the development of the approach and support tools needed to assist partners to develop effective sustainability plans in their environments. Emphasis is also placed on developing the standard indicators for monitoring and evaluation to measure successful outcome.

2.3. Improve financial management systems

Improving the management of IEF resources is a general objective of the overall IEF strategic plan.

3. Strengthen organizational commitment and teamwork for sustainability

3.1. Strengthen management supporting sustainability

In order to create an efficient service around sustainability planning, IEF must analyze the unit cost per NGO hospital assisted for providing services and develop effective management for this purpose.

3.2. Strengthen IEF's Board in the area of fundraising

Objectives for developing a more effective IEF Board for fundraising is part of the overall IEF strategic plan.

3.3. Create an effective team and capacity for sustainability

SightReach[SM] Management requires development of expertise in the areas of surgery and in a range of modern management practices, the two key components needed to make successful changes toward financial sustainability. In order to provide these services, IEF must provide training to existing staff with generalist skills and access or hire new staff with specific expertise.

At the IEF headquarters, training will be offered to existing staff in the concepts and strategies for high volume surgery and for improving management and cost-recovery. Other skill areas identified are in quality assurance and other management areas TBD.

Additionally, IEF will re-evaluate job descriptions at headquarters and develop performance indicators related to providing and supporting sustainability planning. IEF recognizes that it does not currently have all of the resident skills needed and will therefore, hire new staff and consultants to fill gaps in technical expertise areas.

IEF will hire on a part-time and full-time basis experienced persons in hospital management and sustainability planning. IEF will also develop the capacity to organize "staffing" and specific skills by hiring on a consulting basis the specific skills needed.

In order to provide the persons skilled in particular areas, IEF will also begin to develop, in regions, individuals that can be available to support sustainability planning. The specific skill areas identified are in high volume ECCE surgery, and a variety of management skill areas. These persons are needed on a flexible schedule to be available for consulting with the NGO hospital for short-term periods (1-2 weeks) up to several months' time. This "posse" or "surgical/ management strike force" is needed to augment IEF staff and begin to develop regional expertise.

IEF is also evaluating the specific business management and marketing skills needed to operate SightReach Surgical[SM] successfully.

Section F: Organizational Strengthening

Strengthening organizational capacity is built on two tiers, 1) a strengthened IEF capacity to provide technical assistance in sustainability planning for partner NGO hospitals resulting in 2) a strengthened capacity of the NGO hospital to provide sustainable eye care services.

Partner –

The emphasis on the NGO partner level is to develop the skills of staff and strengthen the systems needed to achieve stated objectives. The specific partner capacities to be addressed will be identified during the planning process as new partners enter into agreements with IEF. The general areas of focus are:

1. Surgical services: Strengthening micro-surgery skills for high volume cataract surgery through formal training, technical exchanges, and exposure to high volume systems.

2. Management: Strengthening a variety of management concerns including establishing standard protocols for performance and quality, establishing information systems, improving human resource management, and administrative and financial resource management systems and structures; developing strategic plans and framework for sustainability planning etc.

3. Outreach: Developing strategies for identifying more patients and systems to bring patients through the hospital system efficiently.

IEF –

Discussion Oriented Self Assessment --

The IEF conducted an assessment following the Discussion Oriented Self-Assessment (DOSA) format in late 1998, with assistance from the Education Development Center (EDC). The IEF DOSA results are available on the DOSA 1999 web-site. The results indicate IEF, in comparison to its cohorts, as a low capacity, high consensus organization, poised for changes. The assessment was conducted during development of plans to shift programs toward sustainability planning. No follow-up assessment has been conducted to date.

The general Capacity results indicate:

The six Core Capacity areas are indicated in their relative priority and the *Sub-capacity Success Factors* are indicated in their relative priority (in italic) in the grid matrix as follows:

I. Low Capacity/ High Consensus – External Relations Strategic Management *Financial efficiency* *Financial diversification* *Staff stability* *Governance* *Program realignment*	**II. High Capacity/ High Consensus** – Financial Resource Management *Organizational sustainability* *Mission focus* *Monitoring and evaluation*
IV. Low Capacity/ Low Consensus – Human Resource Management *Personnel administration* *Staff optimization*	**III. High Capacity/ Low Consensus** – Organizational Learning Service Delivery *Stakeholder participation* *Information sharing* *Program quality*

The specific sub-capacity areas (success factors) in general indicate the following objectives, activities, and questions:

I. Increase and diversify funding to support new strategic program objectives for sustainable eye care. To do this, IEF must also:

- Build an effective IEF team by improving staff skills and morale; and attract/recruit new staff and consultants with specialized skills.

- Create a Board that effectively contributes to diversified fundraising, and advocacy efforts.

- Focus organizational resources on fewer program areas with greater attention to stakeholder/client input (such as sustainability planning).

II. Design, test and demonstrate IEF's sustainability models (eye care sustainability planning and SRS). To do this IEF must also:

- Strengthen strategic partnering with NGOs and build new collaborative relationships with leaders in the field.

- Reinforce IEF's commitment to sustainability approaches.

- Improve communication with colleagues and potential donors on IEF's experiences through presentation of documented results.

- Develop documentation demonstrating effectiveness of approaches.

III. Schedule follow up meetings to develop consensus on the nature of the problem(s) to be addressed in relation to Organizational Learning and Service Delivery.

- Are we addressing stakeholders needs in program development? Conduct stakeholder analysis for each IEF program area.

- Are we ensuring that the poor and women receive services through this approach? Establish equity indicators and monitor implementation.

- Are we ensuring sustainability in terms of costs, innovation adaptation, institutional change through this approach? For each program area, develop sustainability objectives, indicators and monitor implementation.

- Are there areas for improving information sharing within IEF? Conduct a problem analysis on information sharing to develop a problem statement.

- Are there areas for improving cash management between Bethesda and the field? Conduct a problem analysis on cash management to develop a problem statement.

IV. Schedule follow-up meetings to develop consensus on the nature of the problem(s) to be addressed in relation to Personnel Administration and Staff Supervision, monitoring and evaluation.

- Are there areas for improving staff policies, recruitment, job requirement and descriptions, compensation, supervision, and evaluation procedures?

- Are there areas for improving staff meetings, staff feedback, and team building activities?

Follow up activities are planned to review the DOSA results periodically. However, the value of the DOSA exercise has been in the incorporation of the general findings into the IEF Strategic Plan submitted separately.[5]

[5] IEF views the strategic plan synonymously with the suggested Business/Sustainability Plan required in the DIP.

Strategic planning --

Since the DOSA exercise and throughout 1999 to the present, IEF has undertaken a number of activities to develop strategic plans oriented towards sustainability and business planning. The Strategic Plan outlines the central role that the SightReach[SM] program plays.

The objectives identified in both the DOSA exercise and the strategic planning document are directly reflected in the current SightReach[SM] program objective results and activities. The strategic plan is organized in a planning matrix format to organize implementation and monitor progress.

Section G: Human Resources

G.1. Organizational chart

The IEF organizational/Project chart is found in the Attachments: Organizational chart.

The organizational chart reflects IEF's overall SightReach[SM] program identifying three components 1) SightReach[SM] Prevention, 2) SightReach Surgical[SM], and SightReach[SM] Management. Also see Section G.4. below, for a description of the persons involved and their respective roles.

G.2. Role of community and local partners

The SightReach[SM] Management program is based on a partnership between IEF and the NGO eye hospitals identified through the solicitation and agreement process described in other sections above.

Although a formal selection process is established, it is highly likely that the countries of Malawi and Guatemala will become partners. As such, these two hospitals are addressed below and also serve as examples of the type of eye hospital IEF is likely to engage.

Lions SightFirst Eye Hospital, Malawi --

The Lions SightFirst Eye Hospital (LSFEH), is an adjunct of the Lilongwe Central Hospital (LCH), in the capital city, Lilongwe, under the directorship of Dr. Moses C. Chirambo, an internationally respected ophthalmologist. The LSFEH was built with private funding from the Lions Clubs International SightFirst program and is based on the grounds of the public hospital. The LSFEH also serves as the referral center to the Ministry of Health and is a World Health Organization (WHO) Collaborating Center for the Prevention of Blindness. The LSFEH has 80 beds and is fully staffed and equipped to provide services for the central region population.

Unidad National de Oftalmologia, Guatemala --

The Unidad National de Oftalmologia, formally the Roosevelt Hospital Ophthalmology Department, in Guatemala City, is a tertiary referral center under the direction of Dr. Arturo R. Quevedo. Roosevelt's ophthalmology department possesses a high level of technical capacity and human resources, and a demonstrated desire to undergo strategic change. During our dialogue of the past 1½ years, Roosevelt has taken concrete steps toward cost recovery and institutional strengthening, and has ambitious plans to expand the coverage of ophthalmic services in Guatemala. These plans include collaboration with ophthalmology clinics located in San Andres, Peten, serving the entire Peten region, in Escuintla, and other clinics in greater Guatemala City and surroundings.

Other partners --

Other partners are to be identified through the "rolling" solicitation process described earlier, and IEF will seek approval from USAID for each hospital selected. Because the goal of SightReach[SM] Management is to demonstrate that increased productivity, efficiency and quality, and greater financial self-sufficiency can be achieved through a comprehensive sustainability planning process, IEF will identify partners that are likely to achieve the stated results. In order to identify capable partners, IEF will consider a range of potential partners from the following sectors:

- Non-governmental organizations -- are registered non-profits within the official country NGO sector, and are often related to or have strong ties to INGDO parent organizations.

- Quasi-governmental hospitals and departments -- are those where eye care services are provided within the government setting but with heavy support from external INGDOs. Although, legally part of the government sector, many operate with considerable autonomy from the government.

- Private clinics and hospitals -- that operate as a private business but have the potential and desire to serve the poor.

Partner's role and responsibilities --

The primary role of the Partner is to implement and manage the changes leading to self-sufficiency. The primary role of IEF is to facilitate and enable the Partner to develop the plans and initiate changes. Within the general planning framework of SightReach[SM] Management, the process involves the following:[6]

- Initiating -- Both IEF and the Partner are involved in envisioning and defining the partner's specific goals, objectives, and indicators, including defining expectations, and the general scope of the project.

- Planning – Both IEF and the Partner are involved in assessing the capacities of the organization using planning tools developed for this purpose. Both parties are responsible for defining activities and tasks; sequencing and developing workplans and agreement on assignment of resources.

- Executing – The Partner is primarily responsible for executing the action plan jointly developed, with intervention provided by IEF upon request and mutual agreement by the Partner.

[6] As an illustrative example, five stages of project management are used.

- Controlling – The Partner is primarily responsible for monitoring progress. However, IEF will assist in monitoring and assessing whether corrective actions and rescheduling are needed.

- Closing – Both IEF and the Partner are involved in reviewing the project process, outcomes, and writing reports. IEF will assist the Partner in a process of learning from the experience and developing summary documentation.

Partner technical and operational capacity assessment and plans --

The "capacities" of the NGO Partner are assessed during the selection and planning process discussed above. After the initial partner selection is made by IEF, the partner is engaged in an assessment process using tools developed for this purpose.

Women --

Women play important roles within the NGO Partner hospitals themselves, by providing the majority of staffing (ophthalmologists and nurses), and women are the majority of potential patients. The program will enhance women's involvement in the implementation of changes in the hospital by promoting the team work necessary to achieve the stated goals. Increasing the number of women patients is also recognized as an important strategy to increase overall patient volume. In a recent survey in Malawi, slightly more men than women received surgery. In order to increase patient volume, therefore, further information and consideration to increasing access will be addressed as part of the NGO hospital's marketing and outreach plans.

G.3. Role of country nationals in program management

The primary purpose of SightReach[SM] Management is to enhance the NGO Partner's services to be more productive, efficient, and of better quality in order to achieve greater financial self-sufficiency. The "country national's" role therefore, is to implement the Action plan. Ultimately all decisions and management responsibilities are the responsibility of the Partner. Identification of skills and training needs of country nationals is dependent upon the specific needs identified and mutually agreed upon by IEF and the Partner in the processes described above.

G.4. Role of headquarters staff

IEF identifies SightReach[SM] Management as a core program addressing IEF's strategic objectives of "Expanding eye care services for those in need," and "Enhancing financial self-sufficiency of eye care providers to offer quality eye care services." To this end, the majority of staff at IEF headquarters are assigned responsibilities in SightReach[SM] Management, and SightReach Surgical[SM].

The persons responsible for management, technical backstopping, and supervision are the following:

SightReach[SM] Management --

1. John M. Barrows, MPH, Director of Programs – will provide up to 50% of his time to SightReach[SM] Management and will provide direct technical and management support. Mr. Barrows has overall responsibility for all IEF programming.

2. David Green, MPH, Consultant – will provide 25% of his time to the SightReach[SM] Management program and will provide technical support in conjunction with the Director of Programs.

3. Raheem Rahmathullah. Under consideration is hiring of a new person with experience in the management of eye hospitals in developing countries. Mr. Rahmathulla would become a new full time staff person supporting SightReach[SM] Management, either at headquarters or in a regional capacity.

SightReach[SM] (Seeing 2000) --

1. Lori Carruthers, MPH, Coordinator "Seeing 2000" – will provide 100% of her time to the SightReach (Seeing 2000) program addressing pediatric surgery. Ms. Carruthers provides direct technical and management support. There is close coordination between the "Seeing 2000" program and SightReach[SM] Management.

SightReach Surgical[SM] --

1. Ellen Parietti, MPH, Coordinator SightReach Surgical[SM] – will provide 100% of her time to the SightReach Surgical[SM] program providing direct technical and management support.

2. Additional part-time support at the IEF headquarters level are provided by Victoria Sheffield, Executive Director, Edwin Henderson, Director of Finance and Administration, and Ed Hedvall, Program and Administration Officer.

Under consideration are plans to develop and support individuals within regions that have specific skills needed to support sustainability planning. The specific skill areas are micro-surgery and a range of management expertise. The role of these persons is to provide short-term assistance as needed to NGO hospitals on a consulting basis. See Attachments: Resumes.

Section H: Procurement and Logistics

H.1. Budget tables A, B, C --

Budget tables are attached along with detailed budget spreadsheets.

Notes -

The USAID Matching Grant supports three components 1) SightReach[SM] Management, 2) "Seeing 2000", and 3) SightReach Surgical[SM]. As explained in the preface and throughout, this document reflects primarily on SightReach[SM] Management, with SightReach Surgical[SM] Business Plan attached. The budget is organized reflecting the following:

1. The "Seeing 2000" component DIP is found as a separate stand alone document and is part of the overall DIP submission. However, costs for all three components are included in the attached spreadsheets.

   "Seeing 2000" activities are phased into SightReach[SM]. This is due to the fact that IEF has an existing "Seeing 2000" Cooperative Agreement No. FAO-0158-A-00-5015-00, through August 2000. To simplify administration, IEF is administering this C.A. separately from the new C.A. No. FAO-A-00-99-00053-00. Additionally, because the budget of the "Seeing 2000" C.A. is under spent, IEF will request a no-cost extension for one year in order to award the remaining funding to NGO recipients.

2. Although noted throughout this document, a major strategy of SightReach[SM] Management and "Seeing 2000" is the selection of NGOs and awarding sub-awards for programming. The budget reflects IEF headquarters costs to support capacity building activities and management costs for administration of sub-awards to the NGO partners. Each NGO awarded a "grant" is bound into agreement with IEF through a formal award process. IEF accounts for each sub-award as a separate activity.

See Attachments: Budgets.

Attachments

Attachments -- SightReach^{SM} Management:

1. SightReach^{SM} Timeline
2. IEF Organizational chart
3. Budget tables A, B, C, and detailed spreadsheets
4. Resumes

5. Survey: Preliminary results
6. General information BCCEIO
7. General information LAICO
8. Draft Need/feasibility assessment questionnaire
9. Monthly reporting format; Group reporting format
10. Proposal BCCEIO
11. References

Documents submitted separately --

1. *"Seeing 2000"* program (part of *SightReach^{SM} Prevention*) - assisting NGOs expand pediatric medical and surgical services.

2. ***SightReach Surgical^{SM}*** - a social enterprise housed within IEF whose purpose is to strengthen IEF's financial sustainability.

3. *STRATEGIC/BUSINESS PLAN - International Eye Foundation - March 2000*